

complaint # _____

**CITY OF GLOUCESTER
INSPECTIONAL SERVICES**

COMPLAINT INVESTIGATION

Date _____ Complaint taken by _____

Address in question _____ MAP _____ LOT _____

Property owner _____ Zone _____

Complaint _____

Person making complaint _____ Phone _____

Complainant's address _____

By telephone _____ In person _____ By mail _____

Inspector assigned: _____

Action needed: Return call _____ Site inspection _____ Send letter _____ Date Sent _____

INSPECTOR'S NOTES _____

Further action _____

COMPLAINT TRACKING

Initial date of complaint _____ Additional action required _____

Site visit date _____

Letter sent date _____ Date investigation closed _____

Follow up date _____ Time spent on complaint _____